



Maintaining Appropriate Boundaries

Fiscal Year 2022

Objectives

1. Articulate why RCHSD considers maintaining professional boundaries so important.
2. Describe the connection between boundary issues and child victimization.
3. Identify three types of behaviors which can indicate the presence of professional boundaries issues and are cause for concern.
4. List three RCHSD behavioral expectations that reduce the risk of victimization of our patients.
5. Identify the most common source of professional boundary violations at RCHSD.
6. Articulate the procedure for reporting a potential boundary violation.

The Importance of Maintaining Professional Boundaries at RCHSD

- We know that child sexual predators target youth-serving organizations.
- We have promised the families of San Diego that we will **always** strive to ensure that no child is victimized on our watch.
- We keep this promise through education about predator behaviors, constant vigilance, and maintaining professional boundaries.

From The Headlines

- For decades, former physician Lawrence Nassar molested athletes under the guise of medical treatment.
- He was lauded as a must-see doctor for the United States' best gymnasts.
- Nassar was the team doctor for U.S.A. Gymnastics and was employed by Michigan State University.
- By the time Nassar was arrested, he had victimized more than 150 young women.
- Statements by young women and teenagers described how, as aspiring athletes, they were sent to Dr. Nassar at gymnastics camps, gyms, his home and the Michigan State University clinic.
- Many of the young women who spoke at his trial described how they were accompanied by their parents during the sessions. Parents had often been in the room as Nassar surreptitiously abused their children.
- Nassar pleaded guilty to 10 counts of first-degree criminal sexual conduct. He was sentenced to 40 to 175 years and will spend the rest of his life in prison.

What do Boundaries have to do with Victimization?

- Most boundary violations have no connection to child abuse or victimization, but
- Every sexual predator has boundary issues.
- Child sex offenders are often perceived as “responsible” in most areas of life.
- Offenders are rarely caught victimizing a child, but they are caught breaking rules and violating boundaries.

Behaviors that are cause for concern:

Staff members at RCHSD need to be interested in children, to understand their world, to identify with their pain and fears BUT when carried to the extreme, an employee can appear over-involved which is a concerning behavior.

Concerning behaviors can include:

- Apparent excessive interest in children
- Peer identification with children
- Manipulation for access to children and/or families
- Grooming for like/similar behavior

Excessive Interest In Children

Examples of how this might be demonstrated:

- Goes beyond working with children and/or formally volunteering with children.
- Spends most of his/her spare time “hanging out” in places that children frequent, allowing unstructured, unsupervised interactions with children.
- Enjoys activities that provide direct physical contact with kids such as rough housing, tickling, massaging.
- Might try to find opportunities to do things like:
 - watch TV or interact with a specific child during the time they are assigned another patient or task,
 - play video games frequently with a specific child,
 - “cuddle up” with children.

Peer Identification

Examples of how this might be demonstrated:

- Talks or interacts with children more than with adults;
- Is less comfortable with peers/adults;
- More interested in children's activities than adult activities;
- When interacting with children, seems more like one of them than an adult supervising children;
- Example:
 - on breaks or days off, frequently spends time with "favorite" patient;
 - considers self “a big kid” and admits to feeling “like a 12-year old.”

Manipulation for Access

Examples of how this might be demonstrated:

- Seeks opportunities to spend individual time with a specific child; for example:
 - when assigned to other children, still frequently finds reasons to interact with or visit a specific patient,
 - repeatedly goes out of their way to help another nurse/caregiver by taking a specific child for a walk, to a procedure, helps with the child's ADLs (Activities of Daily Living), etc.
- Offers gifts and/or special treatment to a child and/or the child's parents and family.

“Manipulation for Access” in the Larry Nassar Case

- As a clinician, Nassar was an authority figure, and he was well respected for his “dedication”.
- When questioned by the police in 2004 following reports of inappropriate touching, Nassar used a PowerPoint slide show to convince police of the legitimacy of his “untraditional” techniques.

Always trust your gut!

If you feel something is inappropriate, speak up!

What does “infiltration” look like?

While most employees would have harmless intentions for establishing a social connection with a family, consider how a child sexual predator would use that connection:

- They identify a patient who is not expected to return for follow up treatment and establish a social connection with the family (exchanges phone numbers, “friends” on Facebook , etc.)
- Soon after discharge they contact the family to inquire about how the child is doing. They have a friendly exchange with the parents, who are happy for their child to receive such special treatment.

“Infiltration” Scenario (continued)

- The employee mentions that they will be in the patient’s neighborhood in a few days and would love to check in on everyone. They are welcomed into the patient’s home in a very positive exchange.
- They “pop in” a week later to drop off a book (or any other excuse), and are invited to stay for dinner. They take every opportunity to interact with the family and are soon considered a close family friend.
- They have now achieved intimate access to our former patient, by deliberately infiltrating a Rady Children’s patient family.

Grooming

Examples of how this might be demonstrated:

- Gifts: Repeatedly brings child special food, gifts, etc.
- Secrecy: May test a child's willingness to keep a secret (i.e., “We can’t tell anyone I gave you this toy / let you watch that show / shared my treats with you. But don’t worry – *I’ll keep your secret for you.*”)
- Language: Uses graphic language to desensitize child to engaging in intimate acts (i.e., “We’re not supposed to talk to kids like this but you’re really mature...”)
- Physical: Deliberate desensitization to the person’s touch. Carrying kids who don’t need to be carried, tickling beyond what anyone is comfortable with.

Concerning Behaviors:

- Excessive interest in children
 - Peer identification with children
 - Manipulation for access
 - Grooming for like/similar behavior
- These behaviors are *not a checklist* to determine if someone is a sexual predator or child molester. It is information based on what was learned by researchers after years of studying admitted child molesters in a variety of settings.
 - If you see a concerning behavior, it is never up to you to decide if someone is a child predator or not.
 - If you are seeing these behaviors and are concerned, it is up to you to bring your concerns to the appropriate party.

Maintaining Behavioral Boundaries

- The previous content covered our covenant with our community to ensure the safety of the children in our care.
- We also have an obligation to maintain a respectful, professional relationship with the children and families we serve.
- We maintain this relationship through consistent, behavioral expectations.

Behavioral Expectations

It is the responsibility of the care providers to maintain boundaries at all times to maximize our ability to provide optimal care to the patients and families we serve. RCHSD Policy CPM 12-22

- <https://rchsd.ellucid.com/documents/view/756>

Behavioral Expectations

- Verbal communication
 - Staff should adhere to professional communication standards including non-verbal communication.
- Patient physical contact awareness
 - Physical contact with patients and families should conform to definitions of clinical and therapeutic touch.
- Visibility procedures “second set of eyes”
 - Patient visibility procedures **require** a second adult to be present whenever a privacy curtain is pulled or a solid door closed.
- Physical contact with other employees
 - Staff contact with each other should be professional and respectful, avoiding the appearance of impropriety.
- Cultural awareness
 - Cultural awareness should be considered in all interactions.
- Gift giving and receiving
 - The giving and receiving of gifts should be within the limits of RCHSD policies.
- Personal relationships with patients/families
 - Avoid dual relationships with patients. Dual relationships may create challenges to maintaining professional boundaries.

RCHSD on Alert

Maintaining professional boundaries is difficult because it is not always black and white. Professional boundaries are often in a "gray area." Most staff who have had professional boundary issues do not intend to do harm. Many acts of caring can go just a little too far and cross professional boundary lines. Avoiding even the appearance of impropriety is important to make our patients and families feel safe.

Past 12 Months at RCHSD:

- There were **14** suspected boundary issues reported.
 - All were investigated.
 - Most were confirmed to be well-intentioned employees whose actions could be perceived as inappropriate. Coaching and/or education were provided to the team member(s).
 - Many involved inappropriate possession of a cell phone, a clear violation of policy which results in progressive discipline.
 - A small number were confirmed as dangerous and resulted in termination and/or notification to authorities.

Warning Signs That You Have Crossed a Boundary

- Sharing details of your personal life
- Doing anything you are “not supposed to do”
- Providing gifts or special treatment
- Controlling assignments
- Spending time with patient to whom you are not assigned
- Planning care of others around one patient
- Significant emotional attachment
- Socializing outside of work hours
- Giving home phone number
- Considering yourself “part of family”
- Feeling overly responsible for patient progress
- Making exceptions for one patient or family

While many of these actions may stem from genuine compassion and concern for a patient, they are behaviors that can be cause for concern. Many acts initiated out of kindness and generosity are exactly the same actions an offender would take in order to manipulate a child or his/her family to get close enough to hurt that child. This is why maintaining professional boundaries is so important! If everyone follows the same guidelines, it will minimize the opportunity for unprofessional behavior and eliminate the possibility that actions will be misinterpreted. Checking our behavior allows us the ability to reflect on our own ability to maintain our objectivity and boundaries.

What should you do if you witness a potential boundary violation?

- Call the Compliance Hotline: 1-877-862-4228
 - This is an external service not managed by Rady Children's.
 - You may report a concern in any language, 24 hours a day.
 - Your report is anonymous: no Rady Children's employee will hear your voice. Your report will be typed up and sent back to the hospital for review. It is very important to leave enough information for hospital officials to follow up on.
 - You have the option to leave your name/number for follow up, but you do not have to. All reports to this line are taken seriously and investigated.
- Contact Human Resources: x225827
- Talk to your supervisor/manager

Conclusion

Ultimately, all employees acting together is the best way to protect children.

It is everyone's job, regardless of what our titles are, to work together to make Rady Children's a safe place for children!

We can all be part of the solution.

Knowledge Assessment

1. **RCHSD has committed to maintain professional boundaries and to strive to protect our patients from victimization.**
 - a) True
 - b) False
2. **By the time Lawrence Nassar was brought to trial, how many different victims had he abused?**
 - a) 10
 - b) 40
 - c) 150+
3. **Most people who cross boundaries are sexual predators.**
 - a) True
 - b) False
4. **Which of the following would not be considered a concerning behavior:**
 - a) A co-worker comes in on her day off to visit a patient.
 - b) A co-worker gives a patient a toy from the Volunteer toy room on behalf of the team as a reward after a difficult procedure.
 - c) A co-worker asks you to take a photo of her with a patient and the patient's parents so she can put it in her (the employee's) memory album.
 - d) A co-worker buys a patient a Happy Meal from McDonalds to encourage the patient to eat.
5. **Which of the following is an example of an appropriate behavior:**
 - a) You keep your cell phone in your pocket while at work on a clinical unit in case your child needs to contact you.
 - b) You offer to help a family out at home with dressing changes when the patient gets discharged since the mother is having trouble performing them. You only live a block away and it will be no trouble.
 - c) You pass a patient room with the privacy curtain drawn and notice only one set of feet. You know that there are no visitors currently in the room (so the feet must belong to an employee or volunteer). You say nothing and tell noone.
 - d) The parents of a patient are grateful to the staff and want to bring in lunch for the unit.
6. **What is the best action to take when you are concerned about a boundary violation of a co-worker?**
 - a) Say nothing since you do not want to get your co-worker in trouble.
 - b) Report it to either the Compliance line, your supervisor, or to human resources. You can remain anonymous if you choose.
 - c) Continue to watch your co-worker to see if he/she repeats the behavior.
 - d) Warn your co-workers that you may have a sexual predator on staff.